Fill in this inf	ormation to i	dentify your case	and this filing:		
Debtor 1	Nanci	Marie	Schwind		
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for	the: NORTHERN D	ISTRICT OF TEXAS		
Case number	17-45182-7			☐ Check	if this is an
(if known)				_	ed filing
Official Form	106A/B				
Schedule A	B: Property	/			12/15
filing together, bo sheet to this form	th are equally re . On the top of a	sponsible for supplyi ny additional pages,	ie as complete and accurate as ing correct information. If more write your name and case num	space is needed, attach a s ber (if known). Answer eve	separate ry question.
✓ No. Go		•	in any residence, building, lan	d, or similar property?	
	-	-	of your entries from Part 1, inclite that number here	_	\$0.00
Part 2: De	scribe Your V	ehicles			
			n any vehicles, whether they are also report it on Schedule G: Exe		
3. Cars, vans, to	rucks, tractors, s	port utility vehicles,	motorcycles		
□ No ☑ Yes					
3.1.			an interest in the property?	Do not deduct secured clai	•
Make:	Mercedes C300	Check one	e. or 1 only	amount of any secured clair Creditors Who Have Claim	
Model: Year:	2017	<u></u>	or 2 only	Current value of the	Current value of the
Approximate milea		_	or 1 and Debtor 2 only st one of the debtors and another	entire property? \$38,500.00	portion you own? \$38,500.00
Other information:			st one of the debtors and another	\$30,300.00	φ36,300.00
2017 Mercedes miles)	C300 (approx.		k if this is community property nstructions)		
			recreational vehicles, other vel t, fishing vessels, snowmobiles, r		
✓ No ☐ Yes	,,,	.,		,	
	-	-	of your entries from Part 2, incline that number here	_	\$38,500.00

Deb	tor 1	Nanci Marie Schwind	Case number (if known)17	'-45182-7
D.	art 3:	Describe Your Personal and Household Items		
		or have any legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware		
	□ No ☑ Yes	. Describe Household Goods and Furnishings		\$2,000.00
7.	Electro Exampl	nics es: Televisions and radios; audio, video, stereo, and digital equipment; com music collections; electronic devices including cell phones, cameras, me	•	
	☐ No ☑ Yes	. Describe TV, Computer, etc		\$300.00
8.		ibles of value es: Antiques and figurines; paintings, prints, or other artwork; books, picture stamp, coin, or baseball card collections; other collections, memorabilia,	· ·	
	✓ No ☐ Yes	. Describe		
9.		nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, po canoes and kayaks; carpentry tools; musical instruments	ool tables, golf clubs, skis;	
	✓ No ☐ Yes	. Describe		
10.	Firearm Exampl	es: Pistols, rifles, shotguns, ammunition, and related equipment		
	✓ No ☐ Yes	. Describe		
11.	Clothes Example	s es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	3	
	☐ No ✓ Yes	Describe Clothing, Shoes, and Accessories		\$3,000.00
12.	Jewelry Exampl	es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, he gold, silver	eirloom jewelry, watches, gem	ıs,
	☐ No ✓ Yes	. Describe Wedding Ring, Costume Jewelry, and Watch		\$3,000.00
13.		m animals es: Dogs, cats, birds, horses		
	✓ No ☐ Yes	. Describe		
14.	Any oth	er personal and household items you did not already list, including any list	/ health aids you	
	_	. Give specific rmation		
15.		e dollar value of all of your entries from Part 3, including any entries for d for Part 3. Write the number here		\$8,300.00

Debtor 1		Nanci Marie Schwind		Case number (if known)	17-45182-7	
P	art 4:	Describe You	ır Finan	ncial Assets		
Do	you own	or have any legal	or equita	able interest in any of the following	?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you hav	e in your	wallet, in your home, in a safe deposi	it box, and on hand when you file yo	ur
	✓ No ☐ Yes	S			Cash:	
17.	-	-	ses, and c	her financial accounts; certificates of other similar institutions. If you have	•	
	□ No ✓ Yes	S		Institution name:		
	— 17	.1. Checking acc	ount:	Washington National Bank Ad	ccount ending in 20222	\$200.00
	17	.2. Savings acco	unt:	Washington National Bank A	-	\$5,200.00
	Example No Yes Non-pu an inter No	S	restment Institution	accounts with brokerage firms, mone on or issuer name: Prests in incorporated and unincorp		
		ormation about	Name o	f entity:	% of owners	hip:
			Blue N	liagra LLC Scandalous Designs	95%	Unknown
20.	Negotia	ble instruments inc	lude pers	and other negotiable and non-negonal checks, cashiers' checks, promise you cannot transfer to someone by	ssory notes, and money orders.	
	info	s. Give specific ormation about m	Issuer n	name:		
21.		nent or pension ac les: Interests in IRA profit-sharing p	, ERISA,	Keogh, 401(k), 403(b), thrift savings	accounts, or other pension or	
		s. List each	Type of a	ccount: Institution name:		

Deb	tor 1 Nanci Marie Schwind	Case number (if known)17-45	182-7
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you may continue Examples: Agreements with landlords, prepaid rent, public utilities (electric, companies, or others		
	□ No		
	✓ Yes Institution name or individual:		
	Security deposit on rental unit: Security deposit on rental	al unit	\$2,950.00
23.	Annuities (A contract for a specific periodic payment of money to you, either № No	er for life or for a number of years)	
	Yes Issuer name and description:		
24.	Interests in an education IRA, in an account in a qualified ABLE program 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	n, or under a qualified state tuition pro	ogram.
	✓ No ☐ Yes Institution name and description. Separately file	the records of any interests. 11 U.S.C.	§ 521(c)
25.	Trusts, equitable or future interests in property (other than anything list powers exercisable for your benefit	ed in line 1), and rights or	
	✓ No Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual pr Examples: Internet domain names, websites, proceeds from royalties and lice		
	No Yes. Give specific information about them Scandalicious Trademark		\$0.00
27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association hole	dings, liquor licenses, professional licen	ses
	✓ No		
	Yes. Give specific information about them		
Mor	ney or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
			oraline or exemptione.
28.	Tax refunds owed to you		
	☑ No		
	Yes. Give specific information	Federal	:
	about them, including whether you already filed the returns	State:	
	and the tax years	Local:	
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support, m	naintenance, divorce settlement, property	/ settlement
	✓ No ✓ Yes. Give specific information	Alimony:	
	Li 133. Sito spoomo mioritation	Maintenance:	
		Support:	
		Divorce settlement:	
		Property settlement	
		FIODERIV SEMEMENI	

Deb	tor 1 Nanci Marie Schwin	d	Case number (if known)	17-45182-7
30.		s you oility insurance payments, disability bene al Security benefits; unpaid loans you m		
	✓ No✓ Yes. Give specific information	ion		
31.	Interests in insurance policies Examples: Health, disability, or	s life insurance; health savings account (l	HSA); credit, homeowner's, or renter's i	nsurance
	No ✓ Yes. Name the insurance company of each policy		5	
	and list its value	Company name:	Beneficiary:	Surrender or refund value:
		Term Life Insurance Policy	Ex-husband	\$0.00
32.		s due you from someone who has died ring trust, expect proceeds from a life instance someone has died		
	✓ No ☐ Yes. Give specific informati	ion		
33.	Examples: Accidents, employment	hether or not you have filed a lawsuit ent disputes, insurance claims, or rights		
	✓ No ☐ Yes. Describe each claim			
34.	Other contingent and unliquid rights to set off claims	ated claims of every nature, including	counterclaims of the debtor and	
	✓ No ☐ Yes. Describe each claim			
35.	Any financial assets you did n	ot already list		
	✓ No✓ Yes. Give specific information	ion		
36.		our entries from Part 4, including any number here		\$8,350.00
Pa	art 5: Describe Any Busin	ness-Related Property You Ow	n or Have an Interest In. List	any real estate in Part 1.
37.	Do you own or have any legal	or equitable interest in any business-	related property?	
	No. Go to Part 6.✓ Yes. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or comm	issions you already earned		o. c. c. cinpuono.
	✓ No ☐ Yes. Describe			
39.	Office equipment, furnishings, Examples: Business-related cordesks, chairs, electrons	mputers, software, modems, printers, co	piers, fax machines, rugs, telephones,	
	✓ No ☐ Yes. Describe			

Deb	tor 1 Nanci Marie Schwind	Case number (if known)
40.	Machinery, fixtures, equipment, supplies you use in business, and	tools of your trade
	✓ No ☐ Yes. Describe	
41.	Inventory	
	No ✓ Yes. Describe Blue Niagra Inventory (clothing, crystals	stones) \$20,000.00
42.	Interests in partnerships or joint ventures	
	✓ No ☐ Yes. Describe Name of entity:	% of ownership:
43.	Customer lists, mailing lists, or other compilations	
	 No Yes. Do your lists include personally identifiable information No Yes. Describe 	(as defined in 11 U.S.C. § 101(41A))?
44.	Any business-related property you did not already list	
	✓ No ☐ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including ar attached for Part 5. Write that number here	
Pá	Describe Any Farm- and Commercial Fishing-Re If you own or have an interest in farmland, list it in Pa	
46.	Do you own or have any legal or equitable interest in any farm- or	commercial fishing-related property?
	✓ No. Go to Part 7.✓ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals	
	Examples: Livestock, poultry, farm-raised fish No	
	Yes	
48.	Cropseither growing or harvested	
	✓ No ☐ Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and	tools of trade
	✓ No ☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	✓ No ☐ Yes	

Deb	tor 1	Nanci Marie Schwind	Case num	nber (if known)	17-	45182-7	
51.	Any far	m- and commercial fishing-related property you did not already	/ list				
	_	s. Give specific					
52.		e dollar value of all of your entries from Part 6, including any er d for Part 6. Write that number here			→		\$0.00
Pa	art 7:	Describe All Property You Own or Have an Interest	in That You Di	d Not List A	bove	;	
53.	•	have other property of any kind you did not already list? es: Season tickets, country club membership					
	✓ No ☐ Yes	s. Give specific information.					
54.	Add the	e dollar value of all of your entries from Part 7. Write that numb	er here		→	<u></u>	\$0.00
Pa	art 8:	List the Totals of Each Part of this Form					
55.	Part 1:	Total real estate, line 2			→		\$0.00
56.	Part 2:	Total vehicles, line 5	\$38,500.00				
57.	Part 3:	Total personal and household items, line 15	\$8,300.00				
58.	Part 4:	Total financial assets, line 36	\$8,350.00				
59.	Part 5:	Total business-related property, line 45	\$20,000.00				
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00				
61.	Part 7:	Total other property not listed, line 54	\$0.00				
62.	Total po	ersonal property. Add lines 56 through 61	\$75,150.00	Copy personal property total	→	+	\$75,150.00
63.	Total of	f all property on Schedule A/B. Add line 55 + line 62					\$75,150.00

Fill in this inf	ormation to id	entify your o	ase:			
Debtor 1	Nanci	Marie	Schwind			
	First Name	Middle Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for	the: NORTHE	RN DISTRICT OF	ГЕХ	AS	☐ Check if this is an
Case number (if known)	17-45182-7					amended filing
Official Form	106C					
Schedule C	: The Prope	rty You Cla	aim as Exemp	ot		04
Jsing the property	you listed on Schill out and attach to	edule A/B: Prope this page as m	erty (Official Form 10	6A/B)	as your source, list t	responsible for supplying correct informatine property that you claim as exempt. If nessary. On the top of any additional page
s to state a speci exempted up to the eceive certain be exemption of 100°	fic dollar amount ne amount of any enefits, and tax-ex % of fair market v	as exempt. Alt applicable statu empt retiremen alue under a la	ernatively, you may utory limit. Some ex it fundsmay be unl w that limits the exe	clair cemp imite mpti	m the full fair market tionssuch as those d in dollar amount. on to a particular do	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an llar amount and the value of the ble statutory amount.
Part 1: Ide	entify the Prop	erty You Cla	im as Exempt			
. Which set of	exemptions are y	ou claiming?	Check one only,	even	if your spouse is filing	g with you.
_	claiming state and claiming federal ex		ruptcy exemptions. .S.C. § 522(b)(2)	11 U.	.S.C. § 522(b)(3)	
. For any prop	erty you list on S	chedule A/B tha	at you claim as exer	npt, 1	fill in the information	below.
•	of the property ar t lists this proper		Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: 2017 Mercedes miles)	C300 (approx. 1	0000	\$38,500.00	☑	\$0.00 100% of fair market value, up to any	11 U.S.C. § 522(d)(2)
ine from Schedule	e A/B:				applicable statutory limit	
Brief description:	do and Furnish		\$2,000.00	<u> </u>	\$2,000.00	11 U.S.C. § 522(d)(3)
ine from Schedule	ds and Furnish	ngs			100% of fair market value, up to any applicable statutory limit	
					limit	

□ No Yes

Debtor 1 **Nanci Marie Schwind** Case number (if known) 17-45182-7 Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$300.00 \$300.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ TV, Computer, etc 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$3,000.00 \$3,000.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ Clothing, Shoes, and Accessories 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$3,000.00 \$1,600.00 11 U.S.C. § 522(d)(4) $\overline{\mathbf{Q}}$ Wedding Ring, Costume Jewelry, and 100% of fair market Watch value, up to any (1st exemption claimed for this asset) applicable statutory limit Line from Schedule A/B: 12 Brief description: \$3,000.00 \$1,400.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{M}}$ Wedding Ring, Costume Jewelry, and 100% of fair market Watch value, up to any applicable statutory (2nd exemption claimed for this asset) limit Line from Schedule A/B: 12 Brief description: \$5,200.00 \$5,200.00 11 U.S.C. § 522(d)(5) \mathbf{V} Washington National Bank Account ending 100% of fair market in 20230 value, up to any Line from Schedule A/B: 17.2 applicable statutory limit Brief description: \$200.00 \$200.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ **Washington National Bank Account ending** 100% of fair market П in 20222 value, up to any applicable statutory Line from Schedule A/B: 17.1 limit Brief description: \$2,950.00 \$2,950.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ Security deposit on rental unit 100% of fair market value, up to any Line from Schedule A/B: 22 applicable statutory limit Brief description: 11 U.S.C. § 522(d)(7) \$0.00 \$0.00 $\overline{\mathbf{Q}}$ **Term Life Insurance Policy** 100% of fair market value, up to any Line from Schedule A/B: 31 applicable statutory limit

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Nanci Marie Schwind CASE NO 17-45182-7

CHAPTER 7

Scheme Selected: Federal

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$38,500.00	\$48,059.98	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$0.00
7.	Electronics	\$300.00	\$0.00	\$300.00	\$300.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$3,000.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00
12.	Jewelry	\$3,000.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$5,400.00	\$0.00	\$5,400.00	\$5,400.00	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$2,950.00	\$0.00	\$2,950.00	\$2,950.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Nanci Marie Schwind CASE NO 17-45182-7

CHAPTER 7

Scheme Selected: Federal

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$20,000.00	\$100,000.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTALS:	\$75,150.00	\$148,059.98	\$16.650.00	\$16.650.00	\$0.00

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Nanci Marie Schwind CASE NO 17-45182-7

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description Market Value Lien Equity

Real Property
(None)

Personal Property
(None)

TOTALS: \$0.00 \$0.00 \$0.00

Non-Exempt Property by Item:
The following property, or a portion thereof, is non-exempt.

Property Description Market Value Lien Equity Non-Exempt Amount

Real Property

(None)

Personal Property

(None)

TOTALS: \$0.00 \$0.00 \$0.00 \$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$75,150.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$75,150.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$148,059.98
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$148,059.98
G. Total Equity (not including surrendered property) / (A-D)	\$16,650.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$16,650.00
J. Total Exemptions Claimed (Wild Card Used: \$9,750.00, Available: \$3,350.00)	\$16,650.00
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

Fill in this info		dentify your case				
Deblor	Nanci First Name	Marie Middle Name	Schwind Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF TEXA	AS		
Case number	17-45182-7				_	
(if known)	11 40102 1				Check if this is amended filing	
O#: -: -! F	400D				a	•
Official Form						
Schedule D:	Creditors	Who Have Cla	ims Secured	by Property		12/15
1. Do any credit No. Chec Yes. Fill Part 1: List 2. List all secure claim, list the correditor has a	ors have claims ck this box and s in all of the inform t All Secured ed claims. If a correditor separatel particular claim,	mation below.	one secured ore than one in Part 2. As	Column A Amount of claim Do not deduct the	ning else to report on th Column B Value of collateral that supports this	column C Unsecured portion
creditor's name	e.			value of collateral	claim	If any
2.1		Describe the secures the	e property that claim:	\$100,000.00	\$20,000.00	\$80,000.00
Chris Fields Creditor's name 901 River Oaks / Number Street	Avenue	Blue Niagra (clothing, c	a Inventory rystals, stones)			
Euless City	TX 76039 State ZIP Code	Continge	ent ated	is: Check all that apply.		
Who owes the deb ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and D ☐ At least one of		An agree Statutory Judgmen	r lien (such as tax lien nt lien from a lawsuit	n as mortgage or secured , mechanic's lien)	car loan)	
— Check if this c	laim relates	Other (in Busines	cluding a right to offs ss Debt	et)		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$100,000.00

Debtor 1 Nanci Marie Schwind		Case number (if known)17-45182-7				
9	dditional Page fter listing any entries on this page, number them equentially from the previous page.		Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
Z.2 EECU Creditor's name PO Box 1777 Number Street	Describe the property that secures the claim: 2017 Mercedes C300	\$48,059.98	\$38,500.00	\$9,559.98		
Fort Worth TX 76101 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medical Judgment lien from a lawsuit) Other (including a right to offset) Purchase Money	s mortgage or secured	car loan)			
Date debt was incurred 2017	Last 4 digits of account number					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$48,059.98

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$148,059.98

Fill in this inf	ormation to ide	ntify your c	ase	e:						
Debtor 1	Nanci	Marie		Schwind						
	First Name	Middle Name		Last Name						
Debtor 2 (Spouse, if filing)	First Name	Middle Name		Last Name						
United States Bar	nkruptcy Court for th	e: NORTHER	<u> </u>	DISTRICT OF TEXAS						
Case number (if known)	17-45182-7								Check if this is amended filing	
Official Form	106E/F									
Schedule E/	F: Creditors	Who Hav	e U	Insecured Claims						12/15
Do not include any if more space is not to this page. On the space is not to this page.	y creditors with pa eeded, copy the Pa	rtially secured art you need, fi ional pages, w	d cla ill it vrite	on Schedule G: Executory Co ims that are listed in Schedul out, number the entries in the your name and case number ured Claims	e D: C boxe	<i>redit</i> s on	ors V the le	Vho H	old Claims Secเ	ired by Property.
1. Do any credit	ors have priority u	nsecured claii	ms a	ngainst you?						
☐ No. Go t ☑ Yes.	o Part 2.									
claim. For ear show both pric more space is	ch claim listed, ident ority and nonpriority	tify what type o amounts. As n unsecured claiı	of cla	ditor has more than one priority im it is. If a claim has both prion as possible, list the claims in a fill out the Continuation Page of	rity an alphab	d non etical	priori orde	ty am	ounts, list that cla rding to the credi	aim here and itor's name. If
(For an explar	nation of each type o	of claim, see the	e ins	structions for this form in the ins	tructio	n boo	klet.			
						Total	claiı	m	Priority amount	Nonpriority amount
2.1						\$2	2,80	5.21	\$0.00	\$2,805.21
Internal Revenue Priority Creditor's Nam			- La	st 4 digits of account number	9	8	6	7		
Centralized Inso	lvency Operation	าร	_ Wi	nen was the debt incurred?	2015		_	_		
Number Street PO Box 7346				of the determinanting the electron			- 11 (1-	-1	_	
			- AS	s of the date you file, the claim Contingent	ııs: C	neck	all th	at app	oly.	
Philadelphia	PA 19	9101-7346	⁻旹	Unliquidated						
City		Code	- 🗆	Disputed						
Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify							ent			
✓ No Yes										

Debtor 1	Nanci Marie Schwind	Case number (if known)17-45182-7				
Part 2:	List All of Your NONPRIORIT	ΓΥ Unsecured Claims				
	y creditors have nonpriority unsecured to. You have nothing to report in this par	d claims against you? t. Submit this form to the court with your other schedules.				
4. List all If a cree type or	editor has more than one nonpriority unse f claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. Secured claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.				
		Total claim				
4.1		\$12,904				
Bank of A	merica	Last 4 digits of account number				
	reditor's Name	When was the debt incurred?				
Number Number	cy Services Street	As of the date you file, the claim is: Check all that apply.				
	Way Ste. 113	_ ☐ Contingent				
		Unliquidated				
		Disputed				
Southam _l City	pton PA 18966 State ZIP Code					
•	red the debt? Check one.	Type of NONPRIORITY unsecured claim:				
Debtor		Student loans Obligations grising out of a congretion agreement or diverse				
Debtor	2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 				
	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts				
☐ At leas	t one of the debtors and another	Other. Specify				
☐ Check	if this claim is for a community debt	Credit Card				
Is the clain	n subject to offset?					
✓ No ☐ Yes						
4.2		\$42,200				
Bank of A		Last 4 digits of account number				
	reditor's Name cy Services	When was the debt incurred?				
Number	Street	As of the date you file, the claim is: Check all that apply.				
95 James	Way Ste. 113	_ Contingent				
		Unliquidated				
Southam	pton PA 18966	Disputed				
City	State ZIP Code	Type of NONPRIORITY unsecured claim:				
Who incur	red the debt? Check one.	Student loans				
☑ Debtor		☐ Obligations arising out of a separation agreement or divorce				
Debtor	,	that you did not report as priority claims				
	1 and Debtor 2 only tone of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts				
ш		Other. Specify				
_	if this claim is for a community debt	Credit Card				
	n subject to offset?					
✓ No ☐ Yes						

Debtor 1	Nanci Marie Schwind	Case number (if known) 17-45182-7	
Part 2:	Your NONPRIORITY Unsecui	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	m sequentially from the	Total claim
4.3			\$24,477.00
	edit Card	Last 4 digits of account number	
	Creditor's Name	When was the debt incurred?	
Number Street P O Box 94014		As of the date you file, the claim is: Check all that apply.	
F O BOX	54014	_	
Deletine	II C0004 4044	Disputed	
Palatine City	IL 60094-4014 State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	Student loans	
ك	· 1 only · 2 only	Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Credit Card	
	m subject to offset?		
✓ No ☐ Yes			
4.4			\$348.00
Credit Or		Last 4 digits of account number	
P.O. Box	Creditor's Name 98872	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent Unliquidated	
	NV 00402 0070	Disputed	
Las Vega City	NV 98193-8872 State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	Student loans	
	· 1 only · 2 only	Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims	
	st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is for a community debt	Credit Card	
Is the clair	m subject to offset?		
☑ No			
☐ Yes			

Debtor 1	Nanci Marie Schwind	Case number (if known)17-45182-	7
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the page.	m sequentially from the	Total claim
Attn: Arty Number 1717 Univ Universal City Who incur Debtor Debtor Debtor	Preditor's Name / Niland Street versal City Blvd. I City TX 78148 State ZIP Code red the debt? Check one. 1 only	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	\$148,000.00
☐ Check	if this claim is for a community debt m subject to offset?	Other. Specify Business Debt	\$25,000.00
Marriott F Nonpriority C PO Box 1 Number	Creditor's Name	Last 4 digits of account number 0 4 5 7 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Debtor Debtor Debtor At leas Check	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	

Debtor 1 Nanci Marie Schwind	Case number (if known)
Part 2: Your NONPRIORITY	Unsecured Claims Continuation Page
After listing any entries on this page, ne previous page.	umber them sequentially from the Total claim
4.7	\$15,000.00
Merrill Lynch American Express Nonpriority Creditor's Name	Last 4 digits of account number <u>5 4 5 9</u> When was the debt incurred?
c/o Bank of America Number Street	
Number Street PO Box 982235	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
El Paso TX 7999	Disputed Disputed
City State ZIP C Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe ☐ Check if this claim is for a commun Is the claim subject to offset? ✓ No ☐ Yes	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify
4.8	\$248.00
Neiman Marcus	Last 4 digits of account number
Nonpriority Creditor's Name c/o Capital One	When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply.
PO Box 5253	Contingent
	Unliquidated
Carol Stream IL 6019 City State ZIP C Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Debtor 1	Nanci Marie Schwind	Case number (if known)17-45182-7	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing previous pa	g any entries on this page, number the age.	m sequentially from the	Total claim
13531 É. C	n reditor's Name Caley Avenue Street	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Debtor Debtor Debtor At least Check	State ZIP Code red the debt? Check one. 1 only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	

Debtor 1	Nanci Marie Schwind	Case number (if known)	17-45182-7	
	maner mane comme	Case Hulliber (II KIIOWII)	17 70102 7	

Part 4: Add the Amounts for Each Type of Unsecured Claim

^{6.} Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$2,805.21
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🖣	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$2,805.21
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. ⊣	\$268,855.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$268,855.00

otor 1 otor 2 ouse, if filing)	Nanci First Name	Marie Middle Name	Schwind Last Name			
otor 2 ouse, if filing) ted States Bai	First Name	Middle Name				
ouse, if filing) ted States Bar		Middle Name				
			Last Name			
o numbor	nkruptcy Court for	the: NORTHERN D	ISTRICT OF TEXA	s		
nown)	17-45182-7				Check if this is an amended filing	
cial Form	106G					
nedule G:	Executory	Contracts and	d Unexpired L	eases		12/
. ,	. 0	•	,	own).		
☐ No. Che	ck this box and file	e this form with the co	urt with your other sch		•	
is for (for exa	mple, rent, vehic	le lease, cell phone).	•			
Person or	company with w	hom you have the co	ontract or lease	State what the cont	tract or lease is for	
Name 1116 Fros	-			•		
	s complete are continuous top of any Do you have No. Che Yes. Fill List separate as for (for example executory con Person or Lammata Name	s complete and accurate as post information. If more space the top of any additional pages. Do you have any executory company with wear and accurate as post in all of the information	s complete and accurate as possible. If two marries in the information. If more space is needed, copy the set top of any additional pages, write your name and the polynomial pages. No. Check this box and file this form with the compart of the polynomial pages. If the polynomial pages is needed, copy the polynomial pages, write your name and page	s complete and accurate as possible. If two married people are filing to act information. If more space is needed, copy the additional page, fill in the top of any additional pages, write your name and case number (if know you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schow Yes. Fill in all of the information below even if the contracts or leases are for (for example, rent, vehicle lease, cell phone). See the instructions executory contracts and unexpired leases. Person or company with whom you have the contract or lease Lammata LLC Name	act information. If more space is needed, copy the additional page, fill it out, number the entrue top of any additional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have noth Yes. Fill in all of the information below even if the contracts or leases are listed on <i>Schedule A</i> List separately each person or company with whom you have the contract or lease. Then states for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract to be AS Contract to the	s complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying the complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying the time top of any additional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 1). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more example executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Lease of 2620 Linkside, Grapevine, TX Contract to be ASSUMED

TX State **75115** ZIP Code

DeSoto City

Fill in this information to identify your case:						
Debtor 1	Nanci First Name	Marie Middle Name	Schwind Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS						
Case number (if known)	17-45182-7				Check if this amended filing	

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

oag	e. On the top of any Additional Pages, write your n	ame and case number (if known). Answer every question.
	Do you have any codebtors? (If you are filing a jo ✓ No ✓ Yes	int case, do not list either spouse as a codebtor.)
2.		inity property state or territory? (Community property states and territories in, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
3.	•	equivalent live with you at the time? Iude your spouse as a codebtor if your spouse is filing with you. List the that person is a guarantor or cosigner. Make sure you have listed the
		edule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:

Fill in this info	rmation to i	dentify your case:				
Debtor 1	Nanci	Marie	Schw	ind		
DODIOI I	First Name	Middle Name	Last Na		Che	eck if this is:
Debtor 2	First Nam -	Middle Name	l ant No		_	An amended filing
(Spouse, if filing)	First Name		Last Na			A supplement showing postpetition
United States Bar Case number	nkruptcy Court 1 17-45182		DISTRICT OF	TEXAS	-	chapter 13 income as of the following date:
(if known)	17-43102	-7				MM / DD / YYYY
Official Form	1061					
Schedule I: Y	our Incon	ne				12/15
responsible for sup include information about your spouse. your name and case	plying correct about your sp If more space	information. If you are separ is needed, attach a se nown). Answer every c	e married and rated and your eparate sheet to	ot filing jointly spouse is not	y, and your filing with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
Fill in your empinformation.	ployment					
If you have more	e than one		Debtor 1	_		Debtor 2 or non-filing spouse
job, attach a ser with information		Employment status	✓ Employe ✓ Not emp			☐ Employed☐ Not employed
additional emplo		Occupation	Brand Manager			
Include part-time or self-employed		Employer's name	Rug Doctor			_
Occupation may student or home applies.		Employer's address	2201 Plano Number Street			Number Street
			Plano City	TX State	75075 Zip Code	City State Zip Code
			•	Oldio	2.10 0000	Ony State 2p code
		How long employed to	here?			
Part 2: Give	Details Abo	out Monthly Incom	е			
Estimate monthly in non-filing spouse unl		_	n. If you have r	othing to repor	t for any line	, write \$0 in the space. Include your
0 .			er, combine the	information for	all employe	rs for that person on the lines below. If
you need more space	e, attach a sepa	arate sheet to this form.				
				For I	Debtor 1	For Debtor 2 or non-filing spouse
		alary, and commissions monthly, calculate what			\$9,727.08	
3. Estimate and li	ist monthly ove	ertime pay.		3. +	\$0.00	
4. Calculate gross	s income. Add	d line 2 + line 3.		4.	\$9,727.08	

Deb	otor 1 Nanci Marie Schwind		Case nur	mber (if known)	17-45	5182-7
			For Debtor 1	For Debtor 2 non-filing sp		
	Copy line 4 here	4.	\$9,727.08			
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$3,256.06			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		_	
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$205.14	-	_	
	5f. Domestic support obligations	5f.	\$0.00	-		
	•		\$0.00			
	5g. Union dues	5g.	Ψ0.00		—	
	5h. Other deductions. Specify: See continuation sheet	5h. +	\$83.18			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$3,544.38		_	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$6,182.70			
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		_	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		_	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$0.00			
	8f. Other government assistance that you regularly receive	00.	Ψ0.00	-	_	
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00			
	8g. Pension or retirement income	8g.	\$0.00			
	8h. Other monthly income. Specify:	8h.	\$0.00			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$6,182.70	+]=	\$6,182.70
11.	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your housel friends or relatives.			ur roommates, ar	nd other	
	Do not include any amounts already included in lines 2-10 or amounts that	at are n	not available to pay	expenses listed i	n Sche	dule J.
	Specify:				11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11.				12.	\$6,182.70
	income. Write that amount on the Summary of Your Assets and Liabilities if it applies.	s and (Certain Statistical In	tormation,		Combined monthly income

Case 17-45182-mxm7 Doc 13 Filed 01/19/18 Entered 01/19/18 12:13:38 Page 26 of 33

Debtor 1		Na	anci Ma	rie Schwind	Case number (if known)	17-45182-7	
13.	13. Do you expect a		pect an i	increase or decrease within the year after you file this form?			
	$ \sqrt{} $	No.		None.			
		Yes. E	Explain:				

Debtor 1	or 1 Nanci Marie Schwind Case number				17-45182-7
5h. Other	r Payroll Deductions (details)	For Del	btor 1	For Debtor 2 non-filing spo	
	o Life		\$19.36		
<u>Crit I</u>	Illness		\$20.64	-	
LTD			\$18.48		
STD			\$24.70		
		Totals:	\$83.18		

F	ill in this inform	ation to ident	ify your case:				al of data		
	Debtor 1	Nanci First Name	Marie Middle Name	Schw Last Na				s: nded filing ement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame		chapter following	13 expenses as date:	s of the
	United States Bankr							()000/	_
	Case number	17-45182-7	. INDICITIENT DI	OTRIOT O			MM / DE	7/YYYY	
	(if known)	C.I.							
	fficial Form 10 chedule J: Yo		ve.						12/15
Be cor nar	as complete and ac rect information. If me and case numbe	ccurate as possib more space is no er (if known). Ans	ole. If two married preeded, attach anothe swer every question	er sheet to t	ing together, both ar this form. On the top	-	-		oplying
ŀ	art 1: Descri	be Your Hous	ehold						
 3. 	Do you have deperment of the control	ebtor 2 live in a s Debtor 2 must firendents? and pendents'	eparate household? le Official Form 106J No Yes. Fill out this interpretation for each dependent	-2, Expense	s for Separate Housel Dependent's relation Debtor 1 or Debtor	onship	to	Dependent's age	Does dependent live with you? No Yes
	expenses of peop yourself and your		Yes						
			ing Monthly Exp						
to ı		of a date after the		-	re using this form as supplemental Sche	-	-	-	
			h government assis n Schedule I: Your I	-				Your expens	ses
4.			enses for your residence any rent for the ground				4.		\$2,564.00
	If not included in	line 4:							
	4a. Real estate ta	xes					4	a	
	4b. Property, hom	eowner's, or rente	er's insurance				41	D	
	4c. Home mainte	nance, repair, and	upkeep expenses				4)	
	4d. Homeowner's	association or cor	ndominium dues				40	d.	

Deb	Nanci Marie Schwind	Case number (if known)	<u>17-45182-7</u>
		Your e	expenses
j.	Additional mortgage payments for your residence, such as home equity loans	5	
S .	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$100.00
	6b. Water, sewer, garbage collection	6b	\$25.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$80.00
	6d. Other. Specify: Cell Phone	6d	\$110.00
' .	Food and housekeeping supplies	7	\$300.00
3.	Childcare and children's education costs	8	
).	Clothing, laundry, and dry cleaning	9.	\$150.00
0.	Personal care products and services	10	\$400.00
11.	Medical and dental expenses	11	\$180.00
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$400.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$300.00
14.	Charitable contributions and religious donations	14	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$215.00
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	\$752.00
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:		
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you. Specify:	19.	

Debtor 1		Nanci Marie Schwind	Case number (if known)	17-45182-7
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a. Mortgages on other property		20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	_
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Other	r. Specify:	21. + _	
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$5,576.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$5,576.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. <u> </u>	\$6,182.70
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$5,576.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$606.70
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	u file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortga	. ,	
	✓ No. Yes. Explain here:			
	_	None.		

Fill in this information to identify your case:							
Debtor 1	Nanci First Name	Marie Middle Name	Schwind Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS							
Case number (if known)	17-45182-7						

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

sch	schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.						
Р	art 1: Summarize Your Assets						
		Your assets Value of what you own					
1.	Schedule A/B: Property (Official Form 106A/B)	** **					
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00					
	1b. Copy line 62, Total personal property, from Schedule A/B	\$75,150.00					
	1c. Copy line 63, Total of all property on Schedule A/B	\$75,150.00					
Р	art 2: Summarize Your Liabilities						
		Your liabilities Amount you owe					
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$148,059.98					
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$2,805.21					
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$270,355.00					
	Your total liabilities	\$421,220.19					
P	art 3: Summarize Your Income and Expenses						
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$6,182.70					
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$5,576.00					

Deb	otor 1	Nanci Marie Schwind Case nu	umber (if known)17-45	182-7
Р	art 4	Answer These Questions for Administrative and Statistical Re	cords	
5 .	Are	you filing for bankruptcy under Chapters 7, 11, or 13?		
	□	No. You have nothing to report on this part of the form. Check this box and submit thi Yes	s form to the court with yo	ur other schedules.
7.	Wha	at kind of debt do you have?		
		Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.		a personal,
		Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.		box and submit
3.		m the Statement of Your Current Monthly Income: Copy your total current monthly in cial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from	
9.	Cop	by the following special categories of claims from Part 4, line 6 of Schedule E/F:		
			Total claim	
	Fro	m Part 4 on <i>Schedule E/F,</i> copy the following:		
	9a.	Domestic support obligations. (Copy line 6a.)		_
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)		_
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)		<u> </u>
	9d.	Student loans. (Copy line 6f.)		_
	9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)		_
	9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+	<u> </u>
	9g.	Total. Add lines 9a through 9f.		

Fill in this info	ormation to id	entify your case:				
Debtor 1	Nanci	Marie	Schwind			
	First Name	Middle Name	Last Name			
Debtor 2	Eirat Nama	Middle Name	Last Name			
(Spouse, if filing)	First Name	ivildule Name	Last Name			
United States Bar	nkruptcy Court for	the: NORTHERN D	STRICT OF TEXAS			
Case number	17-45182-7			Check if this is an		
(if known)				amended filing		
Official Form	106Dec					
Declaration	About an In	dividual Debt	or's Schedules	12/15		
lf two married peo	ple are filing tog	ether, both are equal	ly responsible for supplying	correct information.		
You must file this	form whenever v	ou file bankruptcy so	chedules or amended schedu	les. Making a false statement,		
concealing proper	ty, or obtaining r	noney or property by	fraud in connection with a b	ankruptcy case can result in fines up to		
\$250,000, or impri	sonment for up to	o 20 years, or both.	18 U.S.C. §§ 152, 1341, 1519,	and 3571.		
Sig	n Below					
Did you nay o	or agree to nay so	meone who is NOT :	an attorney to help you fill ou	t hankruntev forms?		
	n agree to pay st	meone who is not	an according to help you his ou	t build aptoy forms.		
☑ No						
Yes. Na	me of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).		
				Designation, and eignature (emotal Fermi 110).		
Under penalty	y of perjury, I dec	lare that I have read	the summary and schedules	filed with this declaration and that they are		
true and corre			•	•		

Signature of Debtor 2

MM / DD / YYYY

Date

X /s/ Nanci Marie Schwind
Nanci Marie Schwind, Debtor 1

MM / DD / YYYY

Date 01/19/2018